			VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-041147
· ·	ARTMENT O		Registration District No. 2280 STATE FILE NUMBER
DO NOT WRITE ON THIS STUB			1. PLACE OF DEATH OCT 1 8 1962 [2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
VS 300	ا اوا		a. COUNTY St. Louis. admission)
Rev. 4/59	AMENDED	i	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits
	Me	1	10WN Normandy 4 Months 10WN St.Louis, Year No
140 31	w		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR
2 21	73		INSTITUTION Mother of Good Counsel Yes A No 4617 Tower Grove Place Yes No fi
3	1		3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF
4 1			ELLEN U. SAPPINGTON DEATH Sept. 24th, 1962
			5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HI Widowed X Divorced 2 7 1970 92 Months Days Hours Min.
5 2			Female White Widowed Divorced 2-1-1879 83 Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
6	8		duting most of working life, even if retired) Housewife St.Louis, Mo. U.S.A.
7 0	AS FOLLOW		138. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
			John Weis Mary McGilvey Late Dr. Clarence L. Sappington
8. 2			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) i (If yes, give war or dates of service)
9490X	ן ן אַצ		(Yes, no, or unknown) (If yes, give war or dates of service) None Alden H.Sappington-4615 Tower Grove Pl. 1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
10	⋖ │		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
11	8 9	DOCUMEN	IMMEDIATE CAUSE (a) 2000 CONTROLLA FACTOR
	EN EN	l iği	Conditions, if eny, DUE TO (b) Underturned organism
1286-0	S S		which gave rise to above cause (a),
		┝╌│╶╏	stating the under- lying cause last.) DUE TO (c)
(/(/	8		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female with the programmer of the programmer in last 90 day Yes No
, 80 j	SIL		
	AMENDME		19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) YES NO 2
·z	₩		20c, TIME OF Hour Month, Day, Year INJURY a.m.
¥ & [⁴		p.m
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED 20d. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK
ER AC	9		21. I attended the deceased from 1956 , to 9-24-62 and last saw him slive on 9-24-62
	READ		7.00 B
USE			Desir occurred at
USE BLAC OR TYPEWRITER	SHOULD	/IT O	CM Auggins, M. D. 634 M. Grand 9-25-6=
1	0	AFFIDAVIT	23a. BURIAL, CREMATION, A3b. MATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Removal Sept. 27.1962 Calvary Cemetery St. Louis. Mo.
	ON N	ᄩ	Removal Sept.27,1962 Calvary Cemetery St. Louis, Mo. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
	ITEM	BY /	Kriegshauser-4228 S.Kingshighway Blvd. 9-26-62
		. ,	(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed James Rahum
Signature of Student Embalmer	
	Licensed Embalmer No. 457
•	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

*If embalmed*by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.